State of Nevada Employee Exit Interview Survey

Please provide the following information about the position you held.

1.	1. Department/Agency:									
2.	2. Organization/Division:									
3.	B. Type of service: ☐ Classified ☐ Unclassified ☐ Non-classified ☐ Unsure							□ Unsure		
4.	4. Which Occupational Group did your position fall within?									
	☐ Agriculture & Conservation ☐ Mechanical & Construction Trades						truction Trades			
	C						Medical, Health & R	& Related Services		
	☐ Domestic Services ☐ Regulatory & Public Safety							Safety		
	☐ Education ☐ Social or Rehabilitation Services, Parole							ion Services, Parole &		
	☐ Engineering, Drafting, Environmental & Probation									
	Land Use Services						Sworn Law Enforcement			
		Fiscal or Information Management & Staff				nt & Staff		Administration & Agency Management		
		Services ☐ Library & Archives						Unknown		
	Ш	Library	α Aι	inves						
5.	Posi	tion title:	(This c	question is not m	andato	ry, however the	e inforn	nation may be of use in ide	entifying areas of concern.)	
6.	6. City where employed:									
7.	7. Years of service:									
8.	8. What did you like most about your job and/or agency?									
	o int ala jou into most dood jour jou and or agency.									
0	Who	What did you like least about your job and/or agency?								
7.	vv 11a	Vhat did you like least about your job and/or agency?								

	Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Satisfied	Very Satisfied
Communication between management and employees Additional Comment:					
Cooperation and teamwork of co-workers Additional Comment:					
Overall satisfaction with direct supervisor Additional Comment:					
Overall satisfaction with management Additional Comment:					
Opportunities for advancement Additional Comment:					
Interest and challenge of work Additional Comment:					
Flexibility in work scheduling Additional Comment:					

	Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Satisfied	Very Satisfied
Opportunities for training and development Additional Comment:					
Opportunities for recognition Additional Comment:					
Compensation Additional Comment:					
Health insurance benefits Additional Comment:					
Paid leave benefits Additional Comment:					
Retirement benefits Additional Comment:					
Working conditions Additional Comment:					

11. Were your duties and work performance standard	s clearly defined by your supervisor?						
□ Yes □ No							
Additional Comment:							
12. Did you know how and where to get the information	ion needed to do your job?						
□ Yes □ No							
Additional Comment:							
13. Did you have the equipment necessary to do your	ioh?						
☐ Yes ☐ No	job:						
Additional Comment:							
Additional Comment.							
14. Please indicate which of the following applies to	you:						
☐ I am leaving State employment	•						
☐ I am moving from one State agency to another	er State agency						
15. Why did you leave your job? (Check all that appl							
☐ Better benefits	☐ Position made part-time						
□ Pay	☐ Conflict with supervisor						
☐ Better job opportunity (private sector)	□ Promotion						
☐ Better job opportunity (public sector)	☐ Dissatisfaction with duties						
☐ Personal reasons	☐ Relocation/Move						
☐ Position eliminated	☐ Family reasons						
□ Commute	☐ Retirement						
☐ Health reasons	☐ Return to school						
☐ Work relationships	□ Not challenged						
☐ Other:							
16. If you are leaving State employment would you co	onsider re-employment in State government in the future?						
☐ Yes ☐ No If not, please explain:							

17.	If you are	moving to a	nother State agency would you consider re-employment in this agency in the future?
	☐ Yes	□ No	If not, please explain:
18.	What recor	mmendatio	ns do you have for improving State employment?
19.	What recor	mmendatio	ns do you have for improving employment in the agency in which you worked?
	,, 1100 1000		as do you have for improving emproyment in the agency in winen you well-out
20	Please prov	vide anv otl	ner information you feel is relevant.
20.	i icase pro	vide any on	ier information you reer is relevant.
21	If we could	d reach out	to you regarding any of the information provided in this survey, please leave contact
21.			our name, telephone number and/or email address with the best time to reach you.
		,	in the state of th
	Tha	nk vou for	your participation in making the State of Nevada a better place to work!
			your participation on manning the same of the rank a control participation with
			This curvey may be amailed to:
			This survey may be emailed to: Your agency Human Resources Representative; or
		The Div	ision of Human Resource Management at: mgarton@admin.nv.gov
			This survey may be mailed to: Division of Human Resource Management
			c/o Consultation and Accountability Unit
			100 North Stewart Street, Suite 200
			Carson City, NV 89701